U S Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11 30-2006

This report is mandatory under P L 88-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only				
S Rec'd READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT			
E (AU6172005)				
W S DRO				
1 File Number U 9/35	2 Fiscal Year Covered From			
	01 / 01 / 04 Through 12 / 31 / 04			
3 Name and address of person filing	4 Name file number and address of labor organization			
Name ALBERT H CAMELIO, JR	Name DISTRICT NO 1-PCD, MEBA, AFL-CLO			
	Labor Organization File Number O66 - S8/			
PO Box Bldg Room No if any #204	P O Box Building and Room Number if any #800			
Street 2500 VIA CABRILLO MARINA	Street 444 N CAPITOL STREET NW			
City SAN PEORO	CHY WASHINGTON			
State CALIFORNIA ZIP Code + 4 90731	State 0 C ZIP Code + 4 2 000/			
5 Position in labor organization BRANCH : A SENT : MI	EBA LOS ANGELES			
1 1 112	ቤት I B			
Enter appropriate data below if during the past fiscal year you or your spo	use or minor child directly or indirectly had any of the following interests			
(except as specified in the exclusions set forth in the instructions)				
A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent				
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest, Transaction or Income			
Name	ł !			
Trade Name if any				
PO Box Bldg Room No if any	<u> </u>			
y	7 b Amount.			
Street				
City 1	Age to an anti-article control of a control of the			
State ZIP Code + 4	s-add after the control of the contr			
to pear the Sian	asture ~			
15 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the Information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned s knowledge and belief true correct and complete (See the section on penalties in the instructions)				
Signed all to Comels;	On 8/12/05 (310) 5-48-7358			
•	Date Telephone Number			

Form LM 30 (2003)

Page 1 of 2 |

Name of Person Filling ALBERT H CAMELIO, J	R	File Number U
B Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from selling or leasing to or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or individualing with your labor organization or with a trust in which your labor organization.	wise dealing with the busines wely seeking to represent or irectly to or otherwise	s
8 Name and address of Business (Including trade name if any)	9 Business deals with	
Name MEBA SENEFIT PLANS Trade Name if any	a Labor Organiza	ition
PO Box Bldg Room No if any	b Trust c Employer	
Street 1007 EASTERN AVENUE		
State MD ZIP Code +4 21202		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such deal	
Name MEBA BENEFIT PUANS	TRUSTEED, MU	FIT PLANS ARE SOINTLY -
Trade Name if any	SOLVERS THAT	BENEFITS FOR PARTICIPANTS BY THE MEBA
PO Box Bidg Room No If any	TETRESES IED	
Street 1007 EASTERN AVENUE	11 b Approximate dollar value	ue of such dealing 8 660 18
City BALTIMORE	12 a Nature of interest he	
State	E THUOMA 3HT	DENTIFIED IN BOXILL IS FOR
Complete in 1994 annumentation of Production of State of		NT OF TRAVEL - RELATED EXPENSES
;		E ATTENDING MEBABENEFIT PLANS LE MEETINGS, FOR WHICH I AM
:	A TRUSTEE AND	CA, CHATTA OF CARIUDAA ZAW
	MCCJUNES SOUR	THE WOUNG TANTEE EDUCATIONAL POWEREN
	12 b Amount	e benefit flori
C Received from any employer (other than an employer covered unde	er parts A and B above)	
or from any labor relations consultant to an employer any payment of money	or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment.	
Name	He a	
Trade Name if any	t	
P O Box Bldg Room No If any	ı	
Street		
City	1	i
State ZIP Code + 4		
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment.	

MEBA Medical and Benefits Plan 2004 LM 10 LM 30 Reports

1

		Acct/Vendor	Date	Amount	
Name	Plan	Number	Pald	Pald	Explanation
Albert Camelio	Medical	571725	6/8/2004	\$ 1 951 97	Reimbursement of Travel Expenses Relating to Trustee Meeting 06/03
Albert Camelio	Medical	571725	5/28/2004	\$ 944 22	Reimbursement of Travel Expenses Relating to Trustee Meeting 10/03
Albert Camelio	Medical	571725	3/16/04 5/28/2004	\$ 1 976 86	Reimbursement of Travel Expenses Relating to Trustee Meeting 01/04
Albert Camelio	Medical	571725	7/20/04, 12/28/2004	\$ 2 147 92	Reimbursement of Travel Expenses Relating to Trustee Meeting 06/04
Albert Camelio	Medical	571890	12/15/2004	\$ 34 21	Membership Dues (ck#20469)
Albert Camelio	Medical	571850	12/04	\$ 1605 00	IFEBP Fees
				\$ 8,660 18	